



PRESS RELEASE

Release Date: Time:

TYPE OF INCIDENT: Fatal Traffic Collision						
LOCATION: Warner Ave / Greentree Ln						
DATE/TIME OF OCCURRENCE: 9-12-2009 / 1557						
<u>VICTIM INFORMATION</u> Victim # <u>1</u> of <u>1</u> (Use additional page(s) for listing multiple victims) NAME/AGE/: Male / 67						
CITY OF RESIDENCE: Huntington Beach						
INJURIES/CONDITION: Fatal head injury						
WHERE HOSPITALIZED: Long Beach Memorial						
SUSPECT INFORMATION ARRESTED: YES NO SUSPECT # of (Use additional page(s) for listing multiple suspects)						
NAME/DOB (OR DESCRIPTION):						
CITY OF RESIDENCE:						
CHARGES: 1)		2)	3)			
BOOKED AT:						
INJURIES/CONDITION:						
WHERE HOSPITALIZED:						
OHODEOT VEHIOLE INCORMATION						
SUSPECT VEHICLE INFORMATION MAKE/MODEL:		COLOR:	YEAR:			
LICENSE/STATE:	DIRECTION OF TRAVEL:					
	L					

Distribution:

Chief Community Liaison Team Sgt. Uniform Div. Commander Investigation Div Commander Admin Div. Commander

(Continued on next page)
Press Release Prepared By:

Spec. Ops Div. Commander General Investigation Bureau Commander Area Commanders Patrol Lieutenants

Date/Time:

Watch Commander Briefing Board Traf/Aero Bureau Commander





DETAILS: On 9-12-2009 at approximately 1557 hours, officers of the Huntington Beach Police Department responded to the area of Warner Avenue and Greentree Lane on the report of a bicyclist down in the roadway. Officers located a 67 year old male on Greentree south of the intersection. The subject was found to have suffered injuries to his head as a result of the fall from his bicycle, and was transported to Long Beach Memorial Hospital by Huntington Beach Fire Department personnel, however he succumbed to his injuries on 9-13-2009.

The investigation is continuing. Anyone with information regarding this collision is asked to call HBPD Traffic Collision Investigator Fulton at (714) 536-5670.

Additional Vietima/Cueneste						
Additional Victims/Suspects:						
VICTIM INFORMATION Victi	im #of	(Use additional page(s)	for listing multiple victims)			
NAME/AGE/:						
CITY OF RESIDENCE:						
INJURIES/CONDITION:						
WHERE HOSPITALIZED:						
SUSPECT INFORMATION ARRESTED: YES NO SUSPECT # of (Use additional page(s) for listing multiple suspects)						
NAME/DOB (OR DESCRIPTION):						
CITY OF RESIDENCE:						
CHARGES:	1)	2)	3)			
BOOKED AT:						
INJURIES/CONDITION:						
WHERE HOSPITALIZED:						

Distribution:

Chief
Community Liaison Team Sgt.
Uniform Div. Commander
Investigation Div Commander
Admin Div. Commander

Press Release Prepared By:

Spec. Ops Div. Commander General Investigation Bureau Commander Area Commanders Patrol Lieutenants

Date/Time:

Watch Commander Briefing Board Traf/Aero Bureau Commander